



Claremont Fire Department
 Fire Prevention Office
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Appendix I Fire Suppression Inspection and Testing Form

Place of Testing

Name: _____ Address: _____

VIOLATIONS: YES _____ NO _____ Inspection Date: _____

Inspection Type: _____

Inspection Company Info

Name: _____

Address: _____

C/S/Z: _____

Inspector: _____

Inspector cell phone: _____

Insp. Co. email: _____

Owner Info

Name: _____

Address: _____

C/S/Z: _____

Owner/Rep: _____

Rep Phone: _____

Owner/Rep email: _____

System Manufacturer: _____

System Model: _____

Mfg. Hydro Test Date: _____

Number of Detectors and Degree: _____

Number and Type of Nozzles: _____

Energy Shutoffs: _____

Accessory Equipment: _____

KEY: √ =Checked DEF= Deficient UNK=Unknown N/A=Not Applicable REP=Repaired

- | | | | |
|---|-------|--|-------|
| 1. All appliances properly covered with correct nozzles | _____ | 19. Check travel of cable nuts/S-hooks | _____ |
| 2. Duct and plenum covered with correct nozzles | _____ | 20. Piping and conduit securely bracketed | _____ |
| 3. Check positioning of nozzles | _____ | 21. Proper separation between fryers and flame | _____ |
| 4. System installed in accordance with mfg UL listing | _____ | 22. Proper clearance—flame to filters | _____ |
| 5. Hood/duct penetrations sealed w/ weld or UL device | _____ | 23. Exhaust fan operating properly | _____ |
| 6. Check if seals intact, evidence of tampering | _____ | 24. All filters reinstalled | _____ |
| 7. If system has been discharged, report same | _____ | 25. Fuel shut-off in "on" position | _____ |
| 8. Pressure gauge in proper range (replace, if needed) | _____ | 26. Manual and remote set/seals in place | _____ |
| 9. Check cartridge weight (replace, if needed) | _____ | 27. Replace system covers | _____ |
| 10. Hydrostatic/ 6 year maintenance date | _____ | 28. System operational and seals in place | _____ |

- | | | | |
|---|-------|--|-------|
| 11. Inspect cylinder and mount | _____ | 29. Slave system operational | _____ |
| 12. Operates system from terminal link | _____ | 30. Clean cylinder and mount | _____ |
| 13. Test for proper operation from remote | _____ | 31. Fan warning sign on hood | _____ |
| 14. Check operation of micro switch | _____ | 32. Personnel instructed in manual operation of sys. | _____ |
| 15. Check operation of gas valve | _____ | 33. Proper hand portable extinguishers (K and ABC) | _____ |
| 16. Proper nozzle covers in place/clean nozzles | _____ | 34. Portable extinguishers properly serviced | _____ |
| 17. Check fuse links and clean | _____ | 35. Service and certification tag on system | _____ |
| 18. Replace fuse links (record date here) _____ | _____ | | |

NOTE DEFICIENCIES, COMMENTS AND RECOMMENDATIONS: (Continue on back as necessary)

Inspector (PRINT) _____	Inspector's Signature _____
Company Representing _____	Address _____
City/State/Zip _____	Phone/Fax _____

A copy of this report must be submitted to the Claremont Fire Department Fire Prevention Division